

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

Committee for Maryland's Progress

ADDRESS (number and street)

PO Box 75357

☐ Check if different than previously reported. (ACC)

Washington

DC

20013

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00592683

3. IS THIS REPORT

☒

NEW (N)

OR

☐

AMENDED (A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15 Quarterly Report (Q1)☐ July 15 Quarterly Report (Q2)☐ October 15 Quarterly Report (Q3)☐ January 31 Year-End Report (YE)☐ July 31 Mid-Year Report (Non-election Year Only) (MY)☐ Termination Report (TER)

(b) Monthly Report Due On:

☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11) (Non-Election Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12) (Non-Election Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☒ Primary (12P)☐ General (12G)☐ Runoff (12R)☐ Convention (12C)☐ Special (12S)

Election on

M M M /

D D D /

Y Y Y Y Y Y

in the State of

MD

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y

in the State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Nicholas Leonardi

Signature of Treasurer

Nicholas Leonardi

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Committee for Maryland's Progress

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y  
01 / 01 / 2016 To: M M / D D / Y Y Y Y Y Y  
04 / 06 / 2016

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> <span style="border: 1px solid black; padding: 2px;">2016</span>		0.00
(b) Cash on Hand at Beginning of Reporting Period.....	0.00	
(c) Total Receipts (from Line 19) .....	606005.00	606005.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	606005.00	606005.00
7. Total Disbursements (from Line 31) .....	163689.03	163689.03
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	442315.97	442315.97
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	3044.94	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# DETAILED SUMMARY PAGE

## of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Committee for Maryland's Progress

Report Covering the Period:

From:

 M M / D D / Y Y Y Y Y  
 01 / 01 / 2016

To:

 M M / D D / Y Y Y Y Y  
 04 / 06 / 2016
**I. Receipts**
**COLUMN A**  
**Total This Period**
**COLUMN B**  
**Calendar Year-to-Date**

## 11. Contributions (other than loans) From:

## (a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

295000.00

295000.00

(ii) Unitemized .....

5.00

5.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

295005.00

295005.00

(b) Political Party Committees .....

0.00

0.00

(c) Other Political Committees

(such as PACs).....

311000.00

311000.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) .....

606005.00

606005.00

## 12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

## 13. All Loans Received .....

0.00

0.00

## 14. Loan Repayments Received.....

0.00

0.00

## 15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

## 16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

## 17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

## 18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3) .....

0.00

0.00

(b) Levin Funds (from Schedule H5) .....

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

## 19. Total Receipts (add Lines 11(d),

12, 13, 14, 15, 16, 17, and 18(c))..... ▶

606005.00

606005.00

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) .....

606005.00

606005.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	150289.03	150289.03
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	150289.03	150289.03
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E) .....	13400.00	13400.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	163689.03	163689.03
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	163689.03	163689.03

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	606005.00	606005.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	606005.00	606005.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	150289.03	150289.03
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	150289.03	150289.03

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 6 OF 34  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Committee for Maryland's Progress**

Full Name (Last, First, Middle Initial)

**A. Nikos Mouyiaris**

Mailing Address 3202 Queens Blvd

City	State	Zip Code
Long Island City	NY	11101-2319

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Mana Products

Occupation

CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

20000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	09	/	2016

**Transaction ID : VR0SAGHJV63**

Amount of Each Receipt this Period

20000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. John Coale**

Mailing Address 140 Island Way

City	State	Zip Code
Clearwater Beach	FL	33767-2216

FEC ID number of contributing  
federal political committee.

C

Name of Employer

N/A

Occupation

Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	09	/	2016

**Transaction ID : VR0SAGHMC75**

Amount of Each Receipt this Period

5000.00

☐ Memo Item

\* Earmarked Contribution: See Below

Full Name (Last, First, Middle Initial)

**C. ACTBLUE**

Mailing Address PO Box 441146

City	State	Zip Code
West Somerville	MA	02144-0031

FEC ID number of contributing  
federal political committee.

C C00401224

Name of Employer

Occupation

Conduit total listed in Agg. field

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

65005.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	13	/	2016

**Transaction ID : VR0SAGHMC75E**

Amount of Each Receipt this Period

5000.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

**SUBTOTAL** of Receipts This Page (optional)..... ▶

25000.00

**TOTAL** This Period (last page this line number only)..... ▶

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 34

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Committee for Maryland's Progress

Full Name (Last, First, Middle Initial)

**A. Charles Ortner**

Mailing Address 2259 San Ysidro Dr

City

Beverly Hills

State

CA

Zip Code

90210-1548

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Proskauer

Occupation

Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 09 / 2016

Transaction ID : VR0SAGHMCY6

Amount of Each Receipt this Period

5000.00

☐ Memo Item

\* Earmarked Contribution: See Below

Full Name (Last, First, Middle Initial)

**B. ACTBLUE**

Mailing Address PO Box 441146

City

West Somerville

State

MA

Zip Code

02144-0031

FEC ID number of contributing  
federal political committee.

C

C00401224

Name of Employer

Occupation

Conduit total listed in Agg. field

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

65005.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 13 / 2016

Transaction ID : VR0SAGHMCY6E

Amount of Each Receipt this Period

5000.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

Full Name (Last, First, Middle Initial)

**C. Michael Psaros**

Mailing Address 6 Azalea Cir

City

Purchase

State

NY

Zip Code

10577-1131

FEC ID number of contributing  
federal political committee.

C

Name of Employer

KPS Capital Partners, LP

Occupation

Private Equity Fund Investor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 08 / 2016

Transaction ID : VR0SAGHMWQ5

Amount of Each Receipt this Period

15000.00

☐ Memo Item

\* Earmarked Contribution: See Below

SUBTOTAL of Receipts This Page (optional)..... ►

20000.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Committee for Maryland's Progress**

Full Name (Last, First, Middle Initial)

## **A. ACTBLUE**

Mailing Address PO Box 441146

City

West Somerville

State

MA

Zip Code

02144-0031

FEC ID number of contributing  
federal political committee.

C

C00401224

Name of Employer

Occupation

Conduit total listed in Agg. field

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

65005.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 13 / 2016

**Transaction ID : VR0SAGHMWQ5E**

Amount of Each Receipt this Period

15000.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

Full Name (Last, First, Middle Initial)

## **B. George Tsunis**

Mailing Address 246 Piping Rock Rd

City

Locust Valley

State

NY

Zip Code

11560-2509

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Chartwell Hotels

Occupation

Chairman

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 07 / 2016

**Transaction ID : VR0SAGHMWW4**

Amount of Each Receipt this Period

7500.00

☐ Memo Item

\* Earmarked Contribution: See Below

Full Name (Last, First, Middle Initial)

## **C. ACTBLUE**

Mailing Address PO Box 441146

City

West Somerville

State

MA

Zip Code

02144-0031

FEC ID number of contributing  
federal political committee.

C

C00401224

Name of Employer

Occupation

Conduit total listed in Agg. field

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

65005.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 13 / 2016

**Transaction ID : VR0SAGHMWW4E**

Amount of Each Receipt this Period

7500.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

7500.00



# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Committee for Maryland's Progress**

Full Name (Last, First, Middle Initial)

### A. Philip Munger

Mailing Address 40 5th Ave  
Apt 11C

City State Zip Code  
New York NY 10011-8843

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self-Employed

Investor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 23 / 2016

Transaction ID : VR0SAGHMX30

Amount of Each Receipt this Period

15000.00

☐ Memo Item

\* Earmarked Contribution: See Below

Full Name (Last, First, Middle Initial)

### B. ACTBLUE

Mailing Address PO Box 441146

City State Zip Code  
West Somerville MA 02144-0031

FEC ID number of contributing  
federal political committee.

C C00401224

Name of Employer

Occupation

Conduit total listed in Agg. field

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

65005.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 27 / 2016

Transaction ID : VR0SAGHMX30E

Amount of Each Receipt this Period

15000.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

Full Name (Last, First, Middle Initial)

### C. Alfred Moses

Mailing Address 7710 Georgetown Pike

City State Zip Code  
Mc Lean VA 22102-1431

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self-Employed

Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 29 / 2016

Transaction ID : VR0SAGHJV21

Amount of Each Receipt this Period

10000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

25000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 10 OF 34

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Committee for Maryland's Progress**

Full Name (Last, First, Middle Initial)

## **A. Nancy Zirkin**

Mailing Address 5630 Wisconsin Ave  
Apt 1703

City Chevy Chase State MD Zip Code 20815-4458

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Ldshp. Conf. on Civil and Human Rights

Occupation

Government Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 29 / 2016

**Transaction ID : VR0SAGHMXB3**

Amount of Each Receipt this Period

5000.00

☐ Memo Item

\* Earmarked Contribution: See Below

Full Name (Last, First, Middle Initial)

## **B. ACTBLUE**

Mailing Address PO Box 441146

City West Somerville State MA Zip Code 02144-0031

FEC ID number of contributing  
federal political committee.

C C00401224

Name of Employer

Occupation

Conduit total listed in Agg. field

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

65005.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 31 / 2016

**Transaction ID : VR0SAGHMXB3E**

Amount of Each Receipt this Period

5000.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

Full Name (Last, First, Middle Initial)

## **C. Peter Angelos**

Mailing Address 100 N Charles St

City Baltimore State MD Zip Code 21201-3804

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Law Offices of Peter G. Angelos, P.C.

Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 01 / 2016

**Transaction ID : VR0SAGHMA1**

Amount of Each Receipt this Period

50000.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

55000.00

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 11 OF 34

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Committee for Maryland's Progress**

Full Name (Last, First, Middle Initial)

### A. Haim Saban

Mailing Address 10100 Santa Monica Blvd  
Ste 2600

City State Zip Code  
Los Angeles CA 90067-4000

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Saban Entertainment

Occupation

Chairman & Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100000.00

Date of Receipt

04 / 01 / 2016

Transaction ID : VR0SAGHMAV9

Amount of Each Receipt this Period

100000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

### B. Ronald Abramson

Mailing Address 1700 K St NW  
Ste 300

City State Zip Code  
Washington DC 20006-3807

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Buchanan Ingersoll & Rooney

Occupation

Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

04 / 01 / 2016

Transaction ID : VR0SAGHMXT9

Amount of Each Receipt this Period

5000.00

☐ Memo Item

\* Earmarked Contribution: See Below

Full Name (Last, First, Middle Initial)

### C. ACTBLUE

Mailing Address PO Box 441146

City State Zip Code  
West Somerville MA 02144-0031

FEC ID number of contributing  
federal political committee.

C C00401224

Name of Employer

Occupation

Conduit total listed in Agg. field

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

65005.00

Date of Receipt

04 / 03 / 2016

Transaction ID : VR0SAGHMXT9E

Amount of Each Receipt this Period

5000.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

105000.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 12 OF 34

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**Committee for Maryland's Progress**

Full Name (Last, First, Middle Initial)

**A. George Tsunis**

Mailing Address 246 Piping Rock Rd

City

Locust Valley

State

NY

Zip Code

11560-2509

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Chartwell Hotels

Occupation

Chairman

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		03		2016

Transaction ID : VR0SAGHMXXK6

Amount of Each Receipt this Period

7500.00

☐ Memo Item

\* Earmarked Contribution: See Below

Full Name (Last, First, Middle Initial)

**B. ACTBLUE**

Mailing Address PO Box 441146

City

West Somerville

State

MA

Zip Code

02144-0031

FEC ID number of contributing  
federal political committee.

C C00401224

Name of Employer

Occupation

Conduit total listed in Agg. field

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

65005.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		03		2016

Transaction ID : VR0SAGHMXXK6E

Amount of Each Receipt this Period

7500.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

Full Name (Last, First, Middle Initial)

**C. Sandra Bainum**

Mailing Address 12 Primrose St

City

Chevy Chase

State

MD

Zip Code

20815-4229

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self-Employed

Actress

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

25000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		05		2016

Transaction ID : VR0SAGHN3N5

Amount of Each Receipt this Period

25000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

32500.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 13 OF 34  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

**Committee for Maryland's Progress**

Full Name (Last, First, Middle Initial)

**A. Stewart Bainum Jr.**

Mailing Address 12 Primrose St

City

Chevy Chase

State

MD

Zip Code

20815-4229

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Choice Hotels International

Occupation

Business Owner

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

25000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	5		2	0	1	6

Transaction ID : VR0SAGHN3J1

Amount of Each Receipt this Period

25000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y

Amount of Each Receipt this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y

Amount of Each Receipt this Period

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

25000.00

**TOTAL** This Period (last page this line number only)..... ►

295000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 OF 34

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Committee for Maryland's Progress**

Full Name (Last, First, Middle Initial)

## **A. 1199 SERVICE EMPLOYEES INT'L UNION FEDERAL POLITICAL ACTION FUND**

Mailing Address 330 W 42nd St  
FL 7

City State Zip Code  
New York NY 10036-6902

FEC ID number of contributing  
federal political committee.

**C** C00348540

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

296000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 24 / 2016

**Transaction ID : VR0SAGHMB98**

Amount of Each Receipt this Period

296000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. LOCAL 32BJ SERVICE EMPLOYEES INTERNATIONAL UNION AMERICAN DREAM POLITICAL ACTION FUND**

Mailing Address 25 W 18th St

City State Zip Code  
New York NY 10011-4677

FEC ID number of contributing  
federal political committee.

**C** C00355289

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 04 / 2016

**Transaction ID : VR0SAGHMB30**

Amount of Each Receipt this Period

15000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C.**

Mailing Address

City State Zip Code

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

311000.00

311000.00

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

## Committee for Maryland's Progress

### A. ActBlue Technical Services

Date of Disbursement

Transaction ID : VQZT2A7DWN9

Category/  
Type

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Amount of Each Disbursement this Period

1283.95

 Memo Item

**B. Evans & Katz, LLC**

Date of Disbursement

Transaction ID : VQZT2A74WD3

Category/  
Type

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Amount of Each Disbursement this Period

2500.00

 Memo Item

**C. NGP VAN, Inc.**

Date of Disbursement

Transaction ID : VQZT2A74WE1


Category/  
Type

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Amount of Each Disbursement this Period

1209.00

 Memo Item

4992.95

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

Committee for Maryland's Progress

### A. The Mellman Group

Category/  
Type

46700.00

 Memo Item

### B. Harbor View Parking

State:  District:

MM / DD / YYYY

552.00

Memo Item

### C. ActBlue Technical Services

State:  District:

Three digital displays are shown, each with a row of small squares above the main number. The first display shows '03' with two squares (left and right). The second display shows '27' with two squares (left and right). The third display shows '2016' with four squares (left, second, third, and right).

592.50

 Memo Item

47844.50

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<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

Committee for Maryland's Progress

### A. ActBlue Technical Services

Mailing Address 366 Summer St

City	State	Zip Code
Somerville	MA	02144-3132

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

Transaction ID : VQZT2A7DWY1

Amount of Each Disbursement this Period

197.50

 Memo Item

Full Name (Last, First, Middle Initial)

### B. Brass Tactics Solutions

Mailing Address 1140 Connecticut Ave NW  
Ste 800

City	State	Zip Code
Washington	DC	20036-4010

Purpose of Disbursement	Canvassing Consulting Services - Non-IE Work
-------------------------	--

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

MM / DD / YYYY

Transaction ID : VQZT2A79V74

Amount of Each Disbursement this Period

26000.00

 Memo Item

Full Name (Last, First, Middle Initial)

**C. Sandler, Reiff, Lamb, Rosenstein & Birkenstock, PC**

Mailing Address 1025 Vermont Ave NW  
300

City	State	Zip Code
Washington	DC	20005-3516

Purpose of Disbursement
Legal Services

Candidate Name \_\_\_\_\_

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement



Transaction ID : VQZT2A74WA9

Amount of Each Disbursement this Period

947.50

 Memo Item

**SUBTOTAL** of Disbursements This Page (optional).....

**TOTAL** This Period (last page this line number only).....

27145.00

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

Committee for Maryland's Progress

### A. Berger Hirschberg Strategies

Mailing Address 1010 Vermont Ave NW  
Ste 814

City	State	Zip Code
Washington	DC	20005-4957

Purpose of Disbursement
Fundraising Consulting Services

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

Transaction ID : VQZT2A79V66

Amount of Each Disbursement this Period

1500.00

 Memo Item

Full Name (Last, First, Middle Initial)

### B. Petel & Company

Mailing Address 1101 14th St NW  
Ste 1210

City	State	Zip Code
Washington	DC	20005-5637

Purpose of Disbursement	
Direct Mail Services - Independent Expenditure Not Yet Disseminated	

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Date of Disbursement

04 / 01 / 2016

Transaction ID : VQZT2A7FMK0

Amount of Each Disbursement this Period

65006.09

 Memo Item

Full Name (Last, First, Middle Initial)

### C. Mitch Emerson

Mailing Address 311 Cathedral St

City	State	Zip Code
Baltimore	MD	21201-4422

Purpose of Disbursement	
Reimbursement - Travel, Office Supplies, Lodging	

Candidate Name \_\_\_\_\_

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

Transaction ID : VQZT2A79W19

Amount of Each Disbursement this Period

942.16

 Memo Item

**SUBTOTAL** of Disbursements This Page (optional).....

**TOTAL** This Period (last page this line number only).....

67448.25

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 19 OF 34

☒ 21b    ☐ 22    ☐ 23    ☐ 24    ☐ 25    ☐ 26  
☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

**Committee for Maryland's Progress**

Full Name (Last, First, Middle Initial)

**A. Costco**

Mailing Address 9919 Pulaski Hwy

City Baltimore    State MD    Zip Code 21220-1411

Purpose of Disbursement  
Office Supplies

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State:    District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 02 / 2016
**Transaction ID : VQZT2A79W84**

Amount of Each Disbursement this Period

213.76

☒ Memo Item

\*

Full Name (Last, First, Middle Initial)

**B. Hotels.com**Mailing Address 5400 Lbj Fwy  
Ste 500

City Dallas    State TX    Zip Code 75240-1019

Purpose of Disbursement  
Lodging

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State:    District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 02 / 2016
**Transaction ID : VQZT2A79WF0**

Amount of Each Disbursement this Period

319.00

☒ Memo Item

\*

Full Name (Last, First, Middle Initial)

**C. Southwest Airlines**

Mailing Address 2702 Love Field Dr

City Dallas    State TX    Zip Code 75235-1908

Purpose of Disbursement  
Travel

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State:    District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 02 / 2016
**Transaction ID : VQZT2A79WG8**

Amount of Each Disbursement this Period

250.00

☒ Memo Item

\*

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

0.00

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

Committee for Maryland's Progress

### A. ActBlue Technical Services

Mailing Address 366 Summer St

City	State	Zip Code
Somerville	MA	02144-3132

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

Transaction ID : VQZT2A7DWZ8

Amount of Each Disbursement this Period

493.75

 Memo Item

Full Name (Last, First, Middle Initial)

### B. SVM Prepaid Cards

Mailing Address 3727 N Ventura Dr

City	State	Zip Code
Arlington Heights	IL	60004-7952

Purpose of Disbursement
Prepaid Gas Cards

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

04 / 04 / 2016

Transaction ID : VQZT2A79WP5

Amount of Each Disbursement this Period

656.64

 Memo Item

Full Name (Last, First, Middle Initial)

### C. H&W Printing

Mailing Address 3616 Oak Ln

City	State	Zip Code
Mount Rainier	MD	20712-2128

Purpose of Disbursement
Printing - Independent Expenditure Not Yet Disseminated

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

Transaction ID : VQZT2A7FMN6

Amount of Each Disbursement this Period

1507.34

 Memo Item

**SUBTOTAL** of Disbursements This Page (optional).....

**TOTAL** This Period (last page this line number only).....

2657.73

150088.43

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 21 OF 34

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

Committee for Maryland's Progress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Julie Brown

Nature of Debt (Purpose):

Canvassing Services 3/28-3/31 as Disclosed  
on 3/30 48-Hour Report

Mailing Address 3131 Connecticut Ave NW

City State

Zip Code

Washington

DC

20008-5000

Outstanding Balance Beginning This Period

0.00

Transaction ID : VQXVJ9H9CZ5

Amount Incurred This Period

400.00

Payment This Period

400.00

Outstanding Balance at Close of This Period

0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Devin DeFord

Nature of Debt (Purpose):

Canvassing Services 3/28-3/31 as Disclosed  
on 3/30 48-Hour Report

Mailing Address 520 Berrycrest Way

City State

Zip Code

Aberdeen

MD

21001-2656

Outstanding Balance Beginning This Period

0.00

Transaction ID : VQXVJ9H9CW1

Amount Incurred This Period

300.00

Payment This Period

300.00

Outstanding Balance at Close of This Period

0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Thomas J. Dekemper

Nature of Debt (Purpose):

Canvassing Consulting Services for 3/28-3/31  
as Disclosed on 3/30 48-Hour Report

Mailing Address 9 Lilac Ct

City

State

Zip Code

Merrimack

NH

03054-2829

Outstanding Balance Beginning This Period

0.00

Transaction ID : VQXVJ9H9CR0

Amount Incurred This Period

2000.00

Payment This Period

2000.00

Outstanding Balance at Close of This Period

0.00

1) SUBTOTALS This Period This Page (optional)..... ►

0.00

2) TOTALS This Period (last page this line number only)..... ►

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ..... ►

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ►

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 22 OF 34

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

Committee for Maryland's Progress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**DLE Solutions**

Nature of Debt (Purpose):

Canvassing Consulting Services for 3/28-3/31  
as Disclosed on 3/30 48-Hour ReportMailing Address 425 L St NW  
Apt 1110City State Zip Code  
Washington DC 20001-2867

Outstanding Balance Beginning This Period

0.00

Transaction ID : VQXVJ9H9CN6

Amount Incurred This Period

3000.00

Payment This Period

3000.00

Outstanding Balance at Close of This Period

0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Mitch Emerson**

Nature of Debt (Purpose):

Canvassing Consulting Services for 3/28-3/31  
as Disclosed on 3/30 48-Hour Report

Mailing Address 311 Cathedral St

City State Zip Code  
Baltimore MD 21201-4422

Outstanding Balance Beginning This Period

0.00

Transaction ID : VQXVJ9H9CQ2

Amount Incurred This Period

5000.00

Payment This Period

5000.00

Outstanding Balance at Close of This Period

0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Arianna Kendall**

Nature of Debt (Purpose):

Canvassing Services for 3/28-3/30 as  
Disclosed on 3/30 48-Hour Report

Mailing Address 1325 18th St NW

City State Zip Code  
Washington DC 20036-6500

Outstanding Balance Beginning This Period

0.00

Transaction ID : VQXVJ9H9CV3

Amount Incurred This Period

300.00

Payment This Period

300.00

Outstanding Balance at Close of This Period

0.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

0.00

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ..... ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 23 OF 34

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

Committee for Maryland's Progress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Jaewoo Park

Nature of Debt (Purpose):

Canvassing Services 3/28-3/31 as Disclosed  
on 3/30 48-Hour Report

Mailing Address 310 11th St NE

City State

Zip Code

Washington

DC

20002-6220

Outstanding Balance Beginning This Period

0.00

Transaction ID : VQXVJ9H9CT5

Amount Incurred This Period

400.00

Payment This Period

400.00

Outstanding Balance at Close of This Period

0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Elsie Raymer

Nature of Debt (Purpose):

Canvassing Consulting Services for 3/28-3/30  
as Disclosed on 3/30 48-Hour Report

Mailing Address 226 Merrimack St

Apt 4W

City State

Zip Code

Manchester

NH

03103-5279

Outstanding Balance Beginning This Period

0.00

Transaction ID : VQXVJ9H9CP4

Amount Incurred This Period

2000.00

Payment This Period

2000.00

Outstanding Balance at Close of This Period

0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Brass Tactics Solutions

Nature of Debt (Purpose):

Paid Canvassing Services 3/28-3/31

Mailing Address 1140 Connecticut Ave NW

Ste 800

City

State

Zip Code

Washington

DC

20036-4010

Outstanding Balance Beginning This Period

0.00

Transaction ID : VQXVJ9H9CX9

Amount Incurred This Period

1725.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1725.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

1725.00

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ..... ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 24 OF 34

FOR LINE NUMBER:  
(check only one)
☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

Committee for Maryland's Progress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Budget Rent-A-Car

Nature of Debt (Purpose):

Van Rental for Canvassing 3/28-4/26

Mailing Address 101 W Fayette St

City State

Zip Code

Baltimore

MD

21201-3757

Outstanding Balance Beginning This Period

0.00

Transaction ID : VQXVJ9H9DS0

Amount Incurred This Period

1319.94

Payment This Period

0.00

Outstanding Balance at Close of This Period

1319.94

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) **SUBTOTALS** This Period This Page (optional)..... ►

1319.94

2) **TOTALS** This Period (last page this line number only)..... ►

3044.94

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ..... ►

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

3044.94



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 25 OF 34  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Committee for Maryland's Progress</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00592683
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span>		

Full Name of Payee <b>Julie Brown</b> *		<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">03</span> / <span style="border: 1px solid black; padding: 2px;">28</span> / <span style="border: 1px solid black; padding: 2px;">2016</span>	
Mailing Address 3131 Connecticut Ave NW		Amount <span style="border: 1px solid black; padding: 2px;">400.00</span>		
City Washington	State DC	Zip Code 20008-5000	Transaction ID : VQZT2A7A567	
Purpose of Expenditure Estimated Cost for Canvassing Services 3/28-3/31		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span>	
Name of Federal Candidate CHRIS VAN HOLLEN		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MD	
Calendar Year-To-Date Per Election for Office Sought		<span style="border: 1px solid black; padding: 2px;">16444.94</span>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <b>Brass Tactics Solutions</b> *		<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">03</span> / <span style="border: 1px solid black; padding: 2px;">28</span> / <span style="border: 1px solid black; padding: 2px;">2016</span>	
Mailing Address 1140 Connecticut Ave NW Ste 800		Amount <span style="border: 1px solid black; padding: 2px;">1725.00</span>		
City Washington	State DC	Zip Code 20036-4010	Transaction ID : VQZT2A73EJ7	
Purpose of Expenditure Estimated Cost for Paid Canvassing Services 3/28-3/31		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span>	
Name of Federal Candidate CHRIS VAN HOLLEN		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MD	
Calendar Year-To-Date Per Election for Office Sought		<span style="border: 1px solid black; padding: 2px;">16444.94</span>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;">0.00</span>
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	<span style="border: 1px solid black; padding: 2px;"></span>
(c) TOTAL Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;"></span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Nicholas Leonardi

[Electronically Filed]

Date

04 / 14 / 2016

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 26 OF 34  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Committee for Maryland's Progress</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00592683	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border:1px solid black; padding:2px;">M M / D D / Y Y Y Y Y Y</span>				
Full Name of Payee <b>Budget Rent-A-Car</b> *			<input checked="" type="checkbox"/> Memo Item	
Mailing Address 101 W Fayette St			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">03</span> / <span style="border:1px solid black; padding:2px;">28</span> / <span style="border:1px solid black; padding:2px;">2016</span>	
City Baltimore		State MD	Zip Code 21201-3757	Amount <span style="border:1px solid black; padding:2px;">1319.94</span>
Purpose of Expenditure Van Rental for Canvassing 3/28-4/26		Category/Type <span style="border:1px solid black; padding:2px;">001</span>		Transaction ID : VQZT2A73EK4 Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">M M / D D / Y Y Y Y Y Y</span>
Name of Federal Candidate CHRIS VAN HOLLEN		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MD
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">16444.94</span>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____
Full Name of Payee <b>Devin DeFord</b> *			<input checked="" type="checkbox"/> Memo Item	
Mailing Address 520 Berrycrest Way			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">03</span> / <span style="border:1px solid black; padding:2px;">28</span> / <span style="border:1px solid black; padding:2px;">2016</span>	
City Aberdeen		State MD	Zip Code 21001-2656	Amount <span style="border:1px solid black; padding:2px;">300.00</span>
Purpose of Expenditure Estimated Cost for Canvassing Services 3/28-3/31		Category/Type <span style="border:1px solid black; padding:2px;">001</span>		Transaction ID : VQZT2A7A5A8 Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">M M / D D / Y Y Y Y Y Y</span>
Name of Federal Candidate CHRIS VAN HOLLEN		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MD
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">16444.94</span>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			<span style="border:1px solid black; padding:2px;">0.00</span>	
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶			<span style="border:1px solid black; padding:2px;"></span>	
(c) TOTAL Independent Expenditures.....▶			<span style="border:1px solid black; padding:2px;"></span>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature  <i>Nicholas Leonardi</i>		[Electronically Filed]		Date <span style="border:1px solid black; padding:2px;">04</span> / <span style="border:1px solid black; padding:2px;">14</span> / <span style="border:1px solid black; padding:2px;">2016</span>

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 27 OF 34  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Committee for Maryland's Progress</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00592683	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border:1px solid black; padding:2px;">M M / D D / Y Y Y Y Y Y</span>				
Full Name of Payee <b>Thomas J. Dekemper</b> *			<input checked="" type="checkbox"/> Memo Item	
Mailing Address 9 Lilac Ct			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">03</span> / <span style="border:1px solid black; padding:2px;">28</span> / <span style="border:1px solid black; padding:2px;">2016</span>	
City Merrimack		State NH	Zip Code 03054-2829	
Purpose of Expenditure Canvassing Consulting Services for 3/28-3/31		Category/ Type	Amount <span style="border:1px solid black; padding:2px;">2000.00</span>	
			Transaction ID : VQZT2A7A541	
			Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">M M / D D / Y Y Y Y Y Y</span>	
Name of Federal Candidate CHRIS VAN HOLLEN			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
			Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MD	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
			<span style="border:1px solid black; padding:2px;">16444.94</span>	
Full Name of Payee <b>DLE Solutions</b> *			<input checked="" type="checkbox"/> Memo Item	
Mailing Address 425 L St NW Apt 1110			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">03</span> / <span style="border:1px solid black; padding:2px;">28</span> / <span style="border:1px solid black; padding:2px;">2016</span>	
City Washington		State DC	Zip Code 20001-2867	
Purpose of Expenditure Canvassing Consulting Services for 3/28-3/31		Category/ Type	Amount <span style="border:1px solid black; padding:2px;">3000.00</span>	
			Transaction ID : VQZT2A7A4Z1	
			Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">M M / D D / Y Y Y Y Y Y</span>	
Name of Federal Candidate CHRIS VAN HOLLEN			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
			Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MD	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
			<span style="border:1px solid black; padding:2px;">16444.94</span>	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;">0.00</span>	
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border:1px solid black; padding:2px;"></span>	
(c) TOTAL Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;"></span>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature  <i>Nicholas Leonardi</i>			Date <span style="border:1px solid black; padding:2px;">04</span> / <span style="border:1px solid black; padding:2px;">14</span> / <span style="border:1px solid black; padding:2px;">2016</span>	
[Electronically Filed]				

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 28 OF 34  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Committee for Maryland's Progress</b>			<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00592683</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div>					
Full Name of Payee <b>Mitch Emerson</b> *			<input checked="" type="checkbox"/> Memo Item Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> 03 / 28 / 2016		
Mailing Address 311 Cathedral St			Amount <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> 5000.00		
City Baltimore		State MD	Zip Code 21201-4422		<b>Transaction ID : VQZT2A7A533</b> Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div>
Purpose of Expenditure Canvassing Consulting Services for 3/28-3/31			Category/ Type <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> 001		
Name of Federal Candidate CHRIS VAN HOLLEN			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>MD</u>		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> 16444.94			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Arianna Kendall</b> *			<input checked="" type="checkbox"/> Memo Item Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> 03 / 28 / 2016		
Mailing Address 1325 18th St NW			Amount <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> 300.00		
City Washington		State DC	Zip Code 20036-6500		<b>Transaction ID : VQZT2A7A590</b> Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div>
Purpose of Expenditure Estimated Cost for Canvassing Services 3/28-3/31			Category/ Type <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> 001		
Name of Federal Candidate CHRIS VAN HOLLEN			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>MD</u>		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> 16444.94			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶					<div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> 0.00
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶					<div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div>
(c) <b>TOTAL</b> Independent Expenditures..... ▶					<div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div>
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  <i>Nicholas Leonardi</i>			Date <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> 04 / 14 / 2016		

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+9A=N5HCB  
.

Form/Schedule: SE  
Transaction ID : VQZT2A7A533

Name was disclosed as Mitch Henderson on the original 48 hour report filed 3/30.

Form/Schedule:  
Transaction ID:

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 30 OF 34  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Committee for Maryland's Progress</b>			<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00592683</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div>					
Full Name of Payee <b>Jaewoo Park</b> *			<input checked="" type="checkbox"/> Memo Item    Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div>		
Mailing Address <b>310 11th St NE</b>			Amount <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> <b>400.00</b>		
City    State    Zip Code <b>Washington    DC    20002-6220</b>		<b>Transaction ID : VQZT2A7A583</b> Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div>			
Purpose of Expenditure Estimated Cost for Canvassing Services 3/28-3/31		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>			
Name of Federal Candidate <b>CHRIS VAN HOLLEN</b>			<input checked="" type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: _____ <input type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <b>MD</b>		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> <b>16444.94</b>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Elsie Raymer</b> *			<input checked="" type="checkbox"/> Memo Item    Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div>		
Mailing Address <b>226 Merrimack St</b> <b>Apt 4W</b>			Amount <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> <b>2000.00</b>		
City    State    Zip Code <b>Manchester    NH    03103-5279</b>		<b>Transaction ID : VQZT2A7A525</b> Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div>			
Purpose of Expenditure Canvassing Consulting Services for 3/28-3/31		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>			
Name of Federal Candidate <b>CHRIS VAN HOLLEN</b>			<input checked="" type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: _____ <input type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <b>MD</b>		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> <b>16444.94</b>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶			<div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> <b>0.00</b>		
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶			<div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div>		
(c) <b>TOTAL</b> Independent Expenditures..... ▶			<div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Nicholas Leonardi</u>			Date <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> <b>04 / 14 / 2016</b>		
[Electronically Filed]					

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 31 OF 34  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Committee for Maryland's Progress</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00592683	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYYYY</span>			
Full Name of Payee <b>Thomas J. Dekemper</b>		<input type="checkbox"/> Memo Item	
Mailing Address 9 Lilac Ct		Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYYYY</span> 03 / 28 / 2016	
City Merrimack		State NH	
Zip Code 03054-2829		Amount <span style="border:1px solid black; padding:2px;">2000.00</span>	
Purpose of Expenditure Payment for Canvassing Consulting Services for 3/28-3/31 as Disclosed on 3/30 48-Hour Report		Category/Type <span style="border:1px solid black; padding:2px;">001</span>	
Name of Federal Candidate CHRIS VAN HOLLEN		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate		District: State: MD	
Calendar Year-To-Date Per Election for Office Sought <span style="border:1px solid black; padding:2px;">16444.94</span>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>DLE Solutions</b>		<input type="checkbox"/> Memo Item	
Mailing Address 425 L St NW Apt 1110		Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYYYY</span> 03 / 28 / 2016	
City Washington		State DC	
Zip Code 20001-2867		Amount <span style="border:1px solid black; padding:2px;">3000.00</span>	
Purpose of Expenditure Payment for Canvassing Consulting Services for 3/28-3/31 as Disclosed on 3/30 48-Hour Report		Category/Type <span style="border:1px solid black; padding:2px;">001</span>	
Name of Federal Candidate CHRIS VAN HOLLEN		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate		District: State: MD	
Calendar Year-To-Date Per Election for Office Sought <span style="border:1px solid black; padding:2px;">16444.94</span>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶		<span style="border:1px solid black; padding:2px;">5000.00</span>	
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶		<span style="border:1px solid black; padding:2px;"></span>	
(c) TOTAL Independent Expenditures.....▶		<span style="border:1px solid black; padding:2px;"></span>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature  Nicholas Leonardi		Date <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYYYY</span> 04 / 14 / 2016	
		[Electronically Filed]	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 32 OF 34  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Committee for Maryland's Progress</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00592683		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYYYY</span>					
Full Name of Payee <b>Mitch Emerson</b>			<input type="checkbox"/> Memo Item		
Mailing Address 311 Cathedral St			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYYYY</span> 03 / 28 / 2016		
City Baltimore		State MD	Zip Code 21201-4422		Amount <span style="border:1px solid black; padding:2px;">999999.99</span> 5000.00
Purpose of Expenditure Payment for Canvassing Consulting Services for 3/28-3/31 as Disclosed on 3/30 48-Hour Report			Category/Type <span style="border:1px solid black; padding:2px;">001</span>		Transaction ID : VQZT2A73EG1 Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYYYY</span> 03 / 31 / 2016
Name of Federal Candidate CHRIS VAN HOLLEN			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MD
Calendar Year-To-Date Per Election for Office Sought			<span style="border:1px solid black; padding:2px;">999999.99</span> 16444.94		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____
Full Name of Payee <b>Elsie Raymer</b>			<input type="checkbox"/> Memo Item		
Mailing Address 226 Merrimack St Apt 4W			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYYYY</span> 03 / 28 / 2016		
City Manchester		State NH	Zip Code 03103-5279		Amount <span style="border:1px solid black; padding:2px;">999999.99</span> 2000.00
Purpose of Expenditure Payment for Canvassing Consulting Services for 3/28-3/31 as Disclosed on 3/30 48-Hour Report			Category/Type <span style="border:1px solid black; padding:2px;">001</span>		Transaction ID : VQZT2A73E70 Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYYYY</span> 03 / 31 / 2016
Name of Federal Candidate CHRIS VAN HOLLEN			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MD
Calendar Year-To-Date Per Election for Office Sought			<span style="border:1px solid black; padding:2px;">999999.99</span> 16444.94		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____
(a) SUBTOTAL of Itemized Independent Expenditures.....▶					<span style="border:1px solid black; padding:2px;">999999.99</span> 7000.00
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶					<span style="border:1px solid black; padding:2px;">999999.99</span>
(c) TOTAL Independent Expenditures.....▶					<span style="border:1px solid black; padding:2px;">999999.99</span>
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  Nicholas Leonardi			[Electronically Filed]		Date <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYYYY</span> 04 / 14 / 2016



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 33 OF 34  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Committee for Maryland's Progress</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00592683
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span>		

Full Name of Payee <b>Julie Brown</b>		<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 03 / 28 / 2016
Mailing Address 3131 Connecticut Ave NW			Amount <span style="border: 1px solid black; padding: 2px;">400.00</span>
City Washington	State DC	Zip Code 20008-5000	Transaction ID : VQZT2A73EM2
Purpose of Expenditure Payment for Canvassing Services 3/28-3/31 as Disclosed on 3/30 48-Hour Report		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 04 / 02 / 2016
Name of Federal Candidate CHRIS VAN HOLLEN		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MD
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">16444.94</span>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <b>Devin DeFord</b>		<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 03 / 28 / 2016
Mailing Address 520 Berrycrest Way			Amount <span style="border: 1px solid black; padding: 2px;">300.00</span>
City Aberdeen	State MD	Zip Code 21001-2656	Transaction ID : VQZT2A73EQ6
Purpose of Expenditure Payment for Canvassing Services 3/28-3/31 as Disclosed on 3/30 48-Hour Report		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 04 / 02 / 2016
Name of Federal Candidate CHRIS VAN HOLLEN		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MD
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">16444.94</span>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;">700.00</span>
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	<span style="border: 1px solid black; padding: 2px;"></span>
(c) TOTAL Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;"></span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Nicholas Leonardi

[Electronically Filed]

Date

MM / DD / YYYY  
04 / 14 / 2016

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 34 OF 34  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Committee for Maryland's Progress</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00592683
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span>		

Full Name of Payee <b>Arianna Kendall</b>		<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 03 / 28 / 2016
Mailing Address 1325 18th St NW			Amount <span style="border: 1px solid black; padding: 2px;">300.00</span>
City Washington	State DC	Zip Code 20036-6500	Transaction ID : VQZT2A73EP8
Purpose of Expenditure Payment for Canvassing Services 3/28-3/31 as Disclosed on 3/30 48-Hour Report		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 04 / 02 / 2016
Name of Federal Candidate CHRIS VAN HOLLEN		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MD
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">16444.94</span>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <b>Jaewoo Park</b>		<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 03 / 28 / 2016
Mailing Address 310 11th St NE			Amount <span style="border: 1px solid black; padding: 2px;">400.00</span>
City Washington	State DC	Zip Code 20002-6220	Transaction ID : VQZT2A73EN0
Purpose of Expenditure Payment for Canvassing Services for 3/28-3/31 as Disclosed on 3/30 48-Hour Report		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 04 / 02 / 2016
Name of Federal Candidate CHRIS VAN HOLLEN		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MD
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">16444.94</span>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;">700.00</span>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;"></span>
(c) TOTAL Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;">13400.00</span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Nicholas Leonardi

[Electronically Filed]

Signature

Date

MM / DD / YYYY  
04 / 14 / 2016